



Public hearing comment on the addition of pain as a qualifying condition
Bill 1117

Good morning Senator Fonfara and Representative Widlitz and the members of the finance committee,

I am here to speak in favor of Senate Bill 1117...specifically sections 9 & 10

My name is Eileen Konieczny. I live in Stamford Ct. I am a licensed professional registered nurse with 20 years of direct patient care experience primarily in the field of oncology....I have witnessed lifetimes of suffering. I have also been actively advocating for the medical benefits of cannabis for the past 10 years. I currently work as the executive director of the Connecticut Cannabis Business Alliance.

I am very pleased to see the forethought of the legislature in including pain as a qualifying condition in Bill No. 1117. My comments are directed at the narrow focus of only allowing this as a recommendation by a pain management specialist.

The science behind the endocannabinoid system has only recently become understood. We have come to learn in that time that there are a number of systems that are regulated by it, two of those would be our pain system and inflammation...so I am thankful to you for working to add pain as a qualifying condition.

We have also learned that the endocannabinoid system has been shown to regulate other body systems as well, which makes it an integral part in normal human physiology...the checks and balances that keep us a healthy 98.6*...movement, appetite, stress, digestion, mood, sleep, blood pressure, bone density, inflammation, reproduction, tumor surveillance, neuroprotection, (which means it helps nerve cells from dying), as well as adverse memory extinction (which means it can help you to forget) have all been shown to be regulated by the endocannabinoid system.

The main adverse effects of cannabinoids as an analgesic are generally considered to be minimally toxic, presenting with no risk of lethal overdose. End-organ failure secondary to medication effect has also not been described and no routine laboratory monitoring appears to be required in patients taking these medications.

In 1999 the Institute of Medicine which is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public concluded, that "except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications."

As a nurse I always educate my patients about safe and/or safer administration methods.

It is in my professional opinion that it would be a disservice to the patient to restrict the recommendation process for pain to a specialist. I certainly believe that in some cases that this is indeed a necessary and beneficial component, but I do not believe that this is necessarily the majority. I know many primary care physicians who effectively work to treat their





patient's pain. It is in my professional opinion that allowing medical cannabis as a treatment option to any qualified physician can only benefit the patients ...and this is why I am here.

The legislation that was passed last year set up the MMJ program at the DCP and includes a procedure for the registration of physicians to recommend medical cannabis. The program also includes a physician advisory panel. This is keeping in line with a safe, well regulated program that Connecticut should be proud of implementing.

Legislatively requiring the addition of a specialist in this bill does not benefit the patient in any way. It adds an unnecessary additional step that suffering patients certainly can do without. Migraines, arthritis and inflammatory bowel disease are just 3 conditions that have been shown anecdotally to be successfully treated with cannabis and would potentially fall under the inclusion of pain. Neurologists treat migraine, rheumatologists treat arthritis and gastroenterologists treat IBS. A physician that holds the proper licensing can write for any number of opioid medications. Rising healthcare costs should also be taken into consideration. Who better to treat the patient than the patient's own primary care physician? Understandably, if the patients primary care physician is more comfortable referring the patient due to expertise, then that is something that is expected in the framework of their relationship, the patient and their physician...

As you consider this bill, please keep in mind the reason you have included it...compassion for the patient.

Thank you for your time.

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Patient Advocate

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